

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09696358</b> APPLICANT(S)	FILING DATE
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2	1						52	
3		2					53	
4	1						54	
5		1					55	
6	1						56	
7		1					57	
8		1					58	
9		1					59	
10							60	
11							61	
12							62	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	6						TOTAL DEP.	
TOTAL CLAIMS	10						TOTAL CLAIMS	